

Department of Health and Human Services  
Governor's Recommended Budget  
14/15 Biennium

GENERAL:

- **Total Gov Rec Budget** request for the 14/15 biennium equals \$7.4 billion, up from \$6.2 billion Legislative approved budget for the 12/13 biennium.
- **State General Funds** requested equals \$2.066 billion, up from the \$1.930 billion appropriated for the 12/13 biennium. This is an overall increase in General Funds of approximately \$136 million.
- **Federal funding (FMAP)** for the Medicaid program (and other programs) is projected to change significantly. The change in FMAP will result in a much higher percentage of costs being paid by the federal government.

FY12	=	55.05%
FY13	=	58.86%
FY14	=	62.26%
FY15	=	63.54%
- Economic conditions in the State (employment/unemployment, uninsured rates, per capita income, housing/foreclosure, etc.) have resulted in higher demand for public assistance and social services, specifically health care and food assistance.

ORGANIZATIONAL PLANS:

DHHS is recommending **changes to the organizational structure** of the Department.

- Public Health and Mental Health would be combined into a single Division within the Department. The revised organizational structure would include combined Administrative, Community, Clinical and Regulatory/Planning Services under four Deputy Administrators under one Administrator. Medical direction (Health Officer and Mental Health Medical Director) would also be consolidated.
- The current Division of Aging and Disability Services would receive and integrate five new budget accounts including Desert Regional Center, Sierra Regional Center, Rural Regional Center, Family Preservation Program, and Early Intervention Services. The goal is to integrate services for people with disabilities (along the lifespan) into a single Division. Services/programs now scattered over three Divisions would be combined to one.

- The Suicide Prevention Office would be transferred out of the DHHS Director's Office and integrated within the Public Health/Mental Health Division. DHHS also plans to stabilize funding for suicide prevention efforts through use of Tobacco Settlement Funding.
- The Nevada Check Up eligibility function would be transferred from the Division of Health Care Financing and Policy to the Division of Welfare and Supportive Services, where other health care related eligibility functions is currently administered.

#### CASELOAD GROWTH:

- **Caseload growth (M200 series)** with the DHHS programs is projected to cost \$421 million over the 14/15 biennium. \$170.4 million of the projected cost would need to be provided by the State General Fund.
- Following are the most significant caseload growth budgets (in State General Fund need):

Program	FY14	FY15	Total
Medicaid -Medical	\$49.7 mill	\$72.7 mill	\$122.4 mill
Medicaid -Admin.	2.5 mill	2.9mill	5.4 mill
Early Intervention Services	1.2 mill	4.6mill	5.8 mill
Desert Regional Center	4.8 mill	8.1 mill	12.9 mill
Sierra Regional Center	0.5mill	1.3 mill	1.8 mill
Welfare Aged and Blind Services	0.5 mill	0.8 mill	1.4 mill
Welfare Field Services 114 FTE (Eligibility)	2.8mill	3.4 mill	6.3 mill
Clark County Adoption Subsidies	2.3 mill	4.0mill	6.3 mill
Washoe County Adoption Subsidies	1.0 mill	1.5 mill	2.5 mill

#### STAFFING (FTE):

DHHS **staffing history and requested FTE** for the 14/15 biennium are as follows:

FY08 = 5,338  
 FY09 = 5,324  
  
 FY10 = 5,129  
 FY11 = 5,043  
  
 FY12 = 4,893  
 FY13 = 4,901

FY14     =    5,276  
FY15     =    5,445

### HEALTH CARE REFORM

The Affordable Care Act (ACA) as it relates to the Medicaid Program must be implemented effective January 1, 2014. The ACA includes mandatory and optional provisions. Governor Sandoval has elected to opt-in and expand Medicaid coverage to all eligible individuals with income under 138% of poverty.

The **mandatory provisions of the ACA** will cost \$116.6 million (\$23.8 million GF) in FY14 and \$212.7 million (\$63.6 million GF) in FY15. Mandatory costs include: information systems changes, Medicaid provider screening, administrative staff, the cost of medical payments for individuals currently eligible for Medicaid but not enrolled (assumes they will enroll), primary care physician rate increases through 12-31-14, added eligibility workers (174) to handle the growth, and some savings in Mental Health programs.

The **optional (or expansion) provisions** of the ACA will add an additional \$102.3 million in costs in FY14 and \$336.9 million in FY15 at **100% Federal Funding for medical costs** for newly eligible adults. The Medicaid Expansion will save the Nevada General Fund approximately \$9.9 million in FY14 and \$20.6 million in FY15 because of additional savings in the Mental Health Budgets. The expansion costs primarily relate to medical costs for the newly eligible population and the primary care physician rate increases for the last six months of the 14/15 biennium (paid at regular FMAP not 100% Federal).

### DIRECTOR'S OFFICE BUDGETS

The Office of **Suicide Prevention** (4 FTE) will be transferred to the Health Division and integrated within the Bureau of Child, Family and Community Wellness (BA3222). Approx. \$500 thousand per year in Tobacco Settlement Funding will be used to replace expiring Suicide Prevention Grant funding and provide budget stability to the Office of Suicide Prevention.

Federal Grant Funding for the **Health Information Exchange (HIE)** will end in February 2014. The positions (4 FTE) associated with this project are eliminated. The activities associated with the Nevada HIE will be taken over by the private non-profit HIE created per NRS 439.588, which must be self-sustaining.

The **Problem Gambling Program** (BA3200) is funded from a \$2 per machine slot tax. Over the 12/13 biennium \$1 of the \$2 tax was "swept" to the General Fund to help offset budgetary shortfalls. During the 14/15 biennium the full \$2 tax is being restored. The Problem Gambling Program and the Advisory Committee for Problem Gambling (ACPG) will have use of approximately \$1.6 million per year to provide for administrative costs; and treatment, prevention and workforce development initiatives.

The **Governor's Office of Consumer Health Assistance (GOVCHA)** will be reduced from 15.5 FTE to 11.5 FTE (loss of 4 FTE) as a result of the loss of Health Insurance Exchange and United Health Settlement funding.

The **Indigent Accident Fund (IAF)/Supplemental Account** was "swept" to the GF for the past five fiscal years, totaling more than \$110 million. Very few claims (approx. \$6.8 million) have been paid to hospitals/other providers over this five year period. The Gov Rec Budget restores the full IAF/Supplemental Program and ends the "sweeping" of funds from this Account to the General Fund.

There is also ongoing discussion to try to re-purpose all or part of the IAF/Supplement funding, so Medicaid federal match can be obtained and increase funding (through rate increases) to Hospitals. The \$21 million/year in IAF/Supp funding could be matched with federal funds and result in \$56 million in payments to hospitals.

#### AGING AND DISABILITY SERVICES DIVISION

The State's **Long Term Care Ombudsman Program**, authorized by the federal Older Americans Act has been previously funded with Civil Monetary Penalty (CMP) funds. The Center for Medicaid/Medicare Services recently prohibited States from using CMP funds to support the Ombudsman Program. In order to keep this essential program available, approximately \$245 thousand per year in General Funds is budgeted.

The **Senior Rx and Disability Rx Programs will continue** to be funded with approximately \$4.9 million dollars per year in Tobacco Settlement Funding. As a result of the implementation of the Affordable Care Act (ACA) effective January 1, 2014, individuals currently being served by the Rx Programs with incomes below 138% of poverty will become Medicaid eligible and individuals with income between 138% and 400% will be eligible to purchase insurance through the Silver State Health Insurance Exchange (SSHIX). This change will reduce the need for Rx coverage, and allows the Program to **implement a Senior and Disability Dental Benefit Plan**. Legislative approval was given at the December 2012 IFC meeting to begin this program effective February 2013.

In the 14/15 biennium the Program expects to be able to serve 4,674 seniors and 895 disabled in the Rx programs and 845 in the Dental Benefit Plan.

The **Family Preservation Program** (a program that helps to keep disabled individuals living independently in their homes) is budgeted for an increase of 45 participants (growth from 602 in FY13 to 647 in FY15).

The **Rural Regional Center** budget includes \$1.1 to \$1.4 in added funding each year to increase Supported Living Arrangements (SLA's) by 31 placements (320 to 351) and Jobs and Day Training (JOT) by 42 placements (220 to 262). Waiting lists had to be established during

the 12/13 biennium as a result of over-estimated county revenue for services provided to children under NRS 435. This corrects that error, and will improve services to adult clients.

**The Nevada Early Intervention Services Program** is budgeted additional funding at \$1.2 million in FY14 and \$4.6 million in FY15 for caseload growth. The number of children served is projected to increase from 2,838 on June 30, 2012, to 3,255 of June 30, 2014, and 3,626 on June 30, 2015. The current 170 State Staff are all retained in the 14/15 biennium. Funding provided in the Adjusted Base Budget and Caseload Growth will be used to increase contracts with Community Providers and Contracted Specialists.

**Home and Community Based Services** are increased by caseload/demographic growth, with seven new FTE to support the necessary case management.

The Medicaid related Home and Community Based Waiver (**HCBW**) slots will increase from 1,713 to 1,771 (+58) in FY14 and from 1,771 to 1,830 (+59) in FY15.

The State funded Community Services Option for the Elderly (**COPE**) slots will increase from 51 at the end of FY12 to 59 in FY14 and from 59 to 61 in FY15.

The Medicaid related Assisted Living Waiver (**AL**) is not budgeted to increase (currently 54 slots are budgeted).

The **Autism Treatment Assistance Program (ATAP)** will receive an additional \$2.0 million in General Funds over the 14/15 biennium. \$1.8 million in FY14 and \$2.2 million in FY15 of Tobacco Settlement Funds are also earmarked to support Autism Services. Added funding will allow ATAP to increase services from 137 in FY13 to 236 by the end of FY14 and 341 by the end of FY15. Waiting lists will continue to exist (current wait list is 364), however this investment will increase child/families served by more than double (150%).

The **Independent Living (IL) Program** will increase from 216 slots to 300 slots in FY14 and to 360 slots in FY15. The waiting list for services is expected to decrease from 205 to 150.

**Desert Regional Center** is budgeted to receive 52 new FTE to support caseload growth (41 FTE} and to support the increased number of individuals with dual diagnosis requiring intensive I support at the on-campus Intermediate Care Facility (11 FTE}. **Caseload growth** will require \$7.4 million in added funding in FY14 and \$14.1 million in FY15. SLA slots will increase by 115 in FY14 and 180 in FY15. JDT slots would increase by 314 and 399 respectively.

**Sierra Regional Center** is budgeted to receive 3.5 new FTE to support caseload growth, including new SLA slots of 42 in FY14 and 21 in FY15, new JDT slots of 33 and 16 respectively, and new Respite slots of 7 and 4. Funding to support caseload growth will require approx. \$0.5 million in FY14 and \$1.3 million in FY15.

#### DIVISION OF HEALTH CARE FINANCING AND POLICY

The DHCFP Administration budget includes many new initiatives that require funding:

- \$80,000 to contract with a security expert to perform a **risk assessment of the automated processing system**.
- \$100,000 per year to fund an **Electronic Health Record Provider Incentive Payment System** vendor to perform pre-payment eligibility verifications on qualified Medicaid providers.
- Two new staff to enhance claims recovery. **Recovery Audit Contractors (RAC)** identifies claims to be recovered by DHCFP. Added staff is needed to process recoveries (17,000 recoveries were processed in FY12).
- Approximately \$350,000 per year to contract for services related to Disproportionate Share Hospital (DSH) training for hospitals, MCO auditing and rate setting consultation.
- Two new staff to accommodate **increasing number of decision appeal/hearing requests**.
- Three new staff to support Care Management, Health/Medical Homes, and other ACA related components.
- \$9.7 million in FY14 and \$11.4 million in FY15 to support **administrative costs related to caseload growth**. Costs include Fiscal Agent payments, disability determinations, travel and operating.
- \$255,000 per year to fund information analysis provided by the Center of Health Information Analysis (CHIA) at the University System.
- \$5 million in FY14 and \$1.5 million in FY15 to fund changes related to the Management Information System (MMIS) in order to comply with the ACA.
- \$425,000 per year to fund a contractor to perform **screening of all new and existing Medicaid providers**. Section 455.436 of the 42 CFR mandates new database checks for providers.
- \$561,000 in FY14 and \$697,000 in FY15 to support allocation of costs for the Business Operation Solution (BOS) at the SSHIX.
- \$3.3 million in FY14 and \$1.1 million in FY15 to reprogram MMIS to interface with Health Information Exchanges (HIE's). Funding would be paid to the contracted Fiscal Agent to make system changes.

- \$1.7 million in FY14 and \$1.9 million in FY15 to fund Phase II of a three phase project to replace the current MMIS with a new system.
- \$1.9 million in FY14 and \$1.4 million in FY15 to implement the Transformed Medicaid Statistical Information System (T-MSIS).
- \$1.7 million in FY14 to pay the Fiscal Agent to program **MMIS to be able to implement cost-sharing capabilities.**

The Nevada Check-Up Program funding for caseload growth totals \$6.9 million in FY14 and \$17.4 million in FY15. Funding is also included for primary care physicians rate increases to match increases being provided in the Medicaid Program. The rate increases in the Check-Up Program total \$1.5 million per year.

The Medicaid Medical Payments budget (BA 3243) includes:

- **Mandatory rate increases** for free standing hospices, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), Indian Health Services, pharmacy and managed care; totaling \$6.5 million (FY14) and \$21.2 million (FY15).
- **Caseload (Non-ACA related) growth** costs of \$131.8 million in FY14 and \$199.7 million in FY15.
- **Primary Care Physician Rate increases:**
  - 100% Federally Funded beginning 1-1-2013 through 12-31-14 = \$41.8 million (FY14) and \$25.1 million (FY15)
  - Federal/State funded 1-1-15 through 6-30-15 = \$25.1 million (\$8.9 million GF)
- Expansion of the **Waiver for Persons with Physical Disabilities** by an additional 175 slots (increases from 579 to 754), costing \$1.4 million in FY14 and \$3.8 million in FY15.
- Expansion of the **Mental Retardation and Related Condition (MRRC) Waiver** by approx. 250 slots (from 1,742 to 2,010), costing \$1.5 million in FY14 and \$5.3 million in FY15.
- Expansion of the **Home and Community Based Waiver for seniors** by 117 slots (from 1,713 to 1,830), at a cost of \$406 thousand in FY13 and \$1.2 million in FY15.
- Funding (expressed in Total dollars) to pay medical costs for three ACA related populations expected to enroll in Medicaid:

	<u>FY14</u>	<u>FY15</u>
Currently eligible but not enrolled (FMAP):	\$42.4 mill	\$132.4 mill

NV Check Up transfers (Enhanced FMAP):	\$7.6 mill	\$30.9 mill
New ACA Medicaid eligible (100% Federal):	\$96.3 mill	\$299.9 mill

- Savings of \$2.0 million (\$729,200 in GF) in FY15 from **Medicaid recipient cost-sharing**.

## HEALTH DIVISION

The Health Statistics and Planning budget (BA 3190) includes a request to allow the Division to retain **Vital Records Fees**. The 2011 Legislature approved a fee funded budget for the Office of Vital Records; however, NRS 440.690 was not amended to permit the program to use the funds. A Bill Draft is being submitted to correct this omission.

The **Immunization Program** (BA 3213) includes two new initiatives. The first is to enhance the interoperability between electronic medical records (EMR's), Nevada's Immunization Registry (WebiZ), and the receipt of Health Level? data (HL7) into the Registry. The second is to enhance the sustainability of school located vaccinations. Federal funding of approx. \$340,000 supports these efforts. The Gov Rec budget also includes \$500,000 per year in General Funds to support improved immunization, specifically improved Pertussis vaccination.

Additionally, \$500,000 per year of Tobacco Settlement Funds is earmarked to support REMINDER/RECALL and Public Information Campaigns; and to fund a Childcare Immunization assessment project. The funds are earmarked in BA 3195, but a Budget Amendment or Budget Closing Adjustment is needed to receive the funds in BA 3213.

The **HIV/AIDS Program** is budgeted to receive an additional \$1.8 million per year in rebate funding to expand program activities.

## DIVISION OF WELFARE AND SUPPORTIVE SERVICES

The **Welfare Administration** budget (BA 3228) includes 21 new positions to support caseload growth. The new FTE will provide information systems support, quality control activities, and administrative support. This includes 7 FTE for non-ACA related growth (M200), 8 FTE for the ACA growth known as "currently eligible but not enrolled" (M740), and 6 FTE for the ACA expansion population (E740).

The **Assistance to the Aged and Blind** budget includes additional funding of \$533,000 in FY14 and \$831,000 in FY15 to support caseload growth over the biennium.

The **Field Services** budget is where staff who determine eligibility for the many public assistance, health care, and social services programs are funded. Staff is cost allocated among



several funding sources. The 14/15 Gov Rec budget **includes 460.5 new or transferred FTE**. Currently 999 FTE are authorized in the Field Services budget.

- 1 FTE is transferred from the Child Care Assistance budget to help with customer service call volume.
- 114 new FTE are requested to support non-ACA caseload growth.
- 174 new FTE are requested to support ACA related growth for "currently eligible but not served" group.
- 149 new FTE are requested to support the ACA related Medicaid expansion group.
- 22.51 FTE are transferred from the Nevada Check-up budget, as all health care eligibility determinations will be done within the Welfare Division when ACA is implemented.

The **Child Care Assistance Program** Base Budget is decreased by approx. \$6.5 million per year to reflect the decrease in available federal funding (\$5.7 per year) and State General Fund (\$750,000 per year) support. The 14/15 biennium includes funding to support 5,540 child care assistance slots monthly.

The **Energy Assistance Program** budget is increased by \$4.8 million in FY14 and \$5.0 million in FY15 as a result of increased federal LIHEA funding. The budget will support serving 7,130 more households in FY14 and 7,415 in FY15. In FY12, 20,484 households were served.

#### DIVISION OF CHILD AND FAMILY SERVICES

Clark and Washoe provide Child Protection (CPS) and Child Welfare (CW) Services in their respective counties. The State provides these services in the remaining 15 counties.

The 2011 Legislature established **Block Grants for Clark and Washoe Counties** to be used, along with Federal Funding, to operate programs. Block Grants of \$14,250,000/year for Washoe County and \$42,750,000/year for Clark County are continued in the 14/15 budget.

**Adoption Caseload Growth** is budgeted for outside of the County CPS/CW Block Grants. Clark County Adoption Caseload Growth is \$4.8 million (\$2.3 million GF) in FY14 and \$8.2 million (\$4.0 million GF) in FY15. Washoe County Adoption Caseload Growth is budgeted at \$2.0 million (\$1.0 million GF) and \$3.1 million (\$1.5 million GF) in FY14 and FY15 respectively.

Caseload growth for adoptions is projected to be 10.78% in Clark County and 11.01% Washoe County.

**Rural CPS/CW** is budgeted to receive 6 new and 3 transferred FTE to support increased workload. The new positions include Family Support Workers, Mental Health Counselors and Administrative support positions. Transfers include clerical staff and a Program Specialist. Rural CPS/CW is also budgeted for Adoption Caseload increases and Foster Care Caseload increases. Projected increase for adoptions growth is 13.87%, and Regular Foster Care growth is projected to be 7.49%.

SB 480 in the 2011 Legislative Session was passed and "assessed" the 15 rural counties with 50% of the non-federal costs of operating **Child Protection Services**. This "**assessment**" is continued in the 14/15 biennium budget. The assessment totals approximately \$2.1 million in each year.

The Northern Nevada Child and Adolescent Services budget includes Tobacco Settlement Funds to provide **Parent Management Training** (\$89K in FY14 and \$87K in FY15) **evidenced based group treatment intervention** (\$38K per year.) These projects were recommended by the Mental Health Consortium.

The Southern Nevada Child and Adolescent Services (SNCAS) budget includes 4 new psychiatric nurse positions, to provide for the **re-opening of an additional unit at Desert Willow** Treatment Center to come in compliance with the federal rules. The SNCAS budget also includes Tobacco Settlement Funds for **Parent Management Training** (\$116K in FY14 and \$114K in FY15) and to provide for a **Mobile Crisis Unit** (\$259K in FY14 and \$256K in FY15) as recommended by the Mental Health Consortium.

The Governor's Recommended Budget for 14/15 includes the following to further the effort to **improve Juvenile Justice Programs**:

- Currently there are three separate Correctional Facility budgets (Caliente Youth Center, Elko Youth Training Center, and Summit View Correctional Center). The Gov Rec **Budget combines the three separate budgets into a single Correctional Facilities Budget**. This will provide the flexibility needed to operate facilities based on the needs of the Youth committed by the Courts for correctional care. Youth will be able to be placed in more appropriate settings than they are now. Three levels of care can be operated in an efficient manner, allowing Managers to determine funding and bed allocation between facilities.
- Elko Youth Training Center (160 bed capacity) is currently budgeted for 110 correctional beds, but is operating around 70 beds. The Gov Rec Budget for 14/15 includes funding for 60 beds at NYTC. Savings from the bed reduction is being reinvested to reopen the Summit View Correctional Center.
- Summit View Correctional Center (96 bed capacity) will be reopened October 2013. Funding is included in the budget for up to 50 State Funded correctional beds, and the necessary equipment and start-up costs to get the facility to an operational level. An RFP is being released to find and contract with a non-state entity to operate SVCC. The

contracted entity will have the opportunity to market the beds not used by the State of Nevada to other jurisdictions at their cost.

- Caliente Youth Center (140 bed capacity) will continue to operate at or near it's capacity, and will be the statewide placement resource for female youth commitments (40 beds) and lower level male youth commitments {100 beds) from Clark County.
- **\$650,000 in General Funds per year is added to the Youth Alternative Placement budget** to increase state support to the China Springs/Aurora Pines Youth Camp in Douglas County. This increase in General Funds will decrease the Youth Camp assessments owed by the sixteen counties (all but Clark County) that currently support China Springs/Aurora Pines by the same amount. These Counties in turn may invest these savings into front-end Juvenile Justice Programs (note Supreme Court Commission Study for State to help Counties with "front-end services" funding) , support an increased budget for China Springs/Aurora Pines (Special Consideration Item requested), or use the savings for other county needs.

The **Youth Parole Budget** includes an "assessment" on all counties to pay 50% of costs. This assessment was established by SB 476 in the 2011 Session and will be continued into the 14/15 biennium. The County assessment totals approximately \$2.8 million per year.

#### MENTAL HEALTH/SUBSTANCE ABUSE PREVENTION AND TREATMENT

Southern Nevada Adult Mental Health Services budget includes the following changes:

- \$412,000 per year to provide after-care housing and treatment for 38 clients who have **co-occurring diagnosis** of substance abuse and mental illness.
- **Pharmacy savings** of \$1.4 million in FY14 and \$3.4 million in FY15 as a result of implementation of the Affordable Care Act (ACA).
- **Outpatient services savings** of \$3.5 million in FY14 and \$8.2 million FY15 as a result of implementation of the ACA.
- Relocation of the Downtown Clinic staff to the SNAMHS campus to provide focused medical clearance and urgent care programs on the 24 hours basis. Four additional staff (2 Psychiatrist positions and 2 Accounting positions) would augment existing staff, in addition to \$300,000 per year in contractual (residents) psychiatric services. The total additional costs in General Funds to implement **24 hour urgent care** is approximately \$891,000 over the 14/15 biennium.

No caseload growth is budgeted for SNAMHS.

Northern Nevada Adult Mental Health Services budget includes the following:

- \$851,000 per year to **return five youth per year from out-of-state placements.**  
Generally these are youth who age-out from the Child and Family Services programs and require a high level of community supervision and care.
- Funding to contract for a part-time Psychiatric Nurse and part-time Administrative Assistant to provide **after-hours medical clearance** to reduce inappropriate use of Emergency Rooms. Cost is \$59K in FY14 and \$78K in FY15.
- **Caseload growth for 57 SLA's** over the 14/15 biennium. Cost is \$231K in FY14 and \$282K in FY15.
- **Caseload Growth in the Medication Clinic** of 58 in FY14 and 57 in FY15. Cost is \$145K and \$174K respectively.
- **Mental Health Court caseload growth** is budgeted at 21 new slots; at a cost of \$183K in FY14 and \$219K in FY15.
- **Pharmacy savings** of \$280,000 in FY14 and \$665,000 in FY15 as a result of implementation of the ACA.
- **Outpatient services** savings of \$1.6 Million in FY14 and \$3.7 million in FY15 as a result of implementation of the A CA.

The Substance Abuse Prevention and Treatment budget includes **General Fund reductions** of \$3.1 million in FY14 and \$3.4 million in FY15 **related to implementation of the ACA.** It is estimated treatment service providers will be able to bill Medicaid for 51% to 56% of their clients. Medicaid billing revenue will reduce GF support for SAPTA treatment. SAPTA staff will work with providers to develop Medicaid billing tools.

**Rural Mental Health Clinics** budget includes GF reductions for pharmacy savings for \$39K in FY14 and \$92K in FY15, and Outpatient Services Savings of \$1.2 million in FY14 and \$2.8 million in FY15 due to ACA implementation.